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ABSTRACT

Isolation from extended family, frequent geographic relocation, living in foreign countries, prolonged separation of spouses, occupational stress, prevalent cross-cultural marriages, financial problems and dependence of the civilian spouse on the military member have been cited as pressures which could contribute to wife-battering by military personnel. Effective treatment of the abuser must be based on an understanding of contributing factors. To examine the effectiveness of command referred treatment of spouse abusing military personnel, a program for 23 American male abusers stationed on Okinawa, Japan was evaluated. Subjects participated in small, supportive treatment groups which emphasized communication, conflict resoluton, and anger management skills. Treatment effectiveness was evaluated by comparing measures of trust and intimacy, level of communication, use of communication skills, and the number of abusive incidents in the men's marital relationships prior to and following their participation in the group. The results indicated that, following group training, the men experienced a significant increase in communication quality with their spouse, in their ability to demonstrate understanding, and in other relationship skills. Comparison of the number of abusive incidents prior to and following referral revealed a significant decrease in abusive incidents following treatment. Comparison of incidents prior to treatment and during the fourth through sixth month following treatment indicated that the initial significant decrease was maintained. (NRB)

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Group Treatment for Wife-Battering Military Personnel

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Running head: GROUP TREATMENT FOR BATTERING

Abstract

Treatment of wife-battering military personnel is described including referral procedures, assessment and a group intervention. Group participation was associated with increases in relationship skills and curtailed battering.

Group Treatment for Wife-Battering Military Personnel

A national survey on family violence (Straus, Gelles & Steinmetz, 1980) found that one out of every six couples in the United States engage in at least one incident of violence each year. There is reason to believe that spouse abuse in military communities is as prevalent as it is in civilian communities (West, Turner, & Dunwoody, 1981). Isolation from extended family, frequent geographic relocation, living in foreign countries, prolonged separation of spouses, occupational stress, prevalent cross-cultural marriages, financial problems, and dependence of the civilian spouse on the military member are cited as pressures which could contribute to wife-battering by military personnel.

Military communities have responded to wife abuse by establishing shelter refuges for battered women (West, et al, 1981). While provision of shelters is a critical first step, refuge alone constitutes a temporary and misfocused solution. Many battered women return to their mate after being in a shelter because of a lack of alternatives, economic dependence and desire to maintain partnership in parenting (Gelles, 1977; West et al., 1981). Furthermore, moving a woman out of her home and requiring that she make dramatic changes in her life style constitutes a continuation of the historical trend to blame the victim of abuse for problem (Traicoff, 1982). Men are responsible for violence against their wives, and it is men who need to change.

The women's movement has contributed to reversing a historical trend of societal acceptance of battering, resulting in increased legal sanctions for spouse abuse (Kalmuss & Straus, 1983). There is some evidence that legal action helps curtail abuse (Sherman & Berk, 1984). However, punishment for abuse resembles treating violence with violence and may aggrevate the problem. Military command actions against abusers such as separation, reprimand, demotion and imprisonment can result in stresses on the family and resentment in the abuser which contribute to subsequent abuse (Raiha, 1982). Interventions which focus instead on helping the abuser to stop battering may be more effective.

Effective treatment of the abuser must be based on an understanding of contributing variables. Boyd (1977) notes that social isolation and low self-esteem typify battering men. Strauss, et al, (1980) reported that abuse is initiated by men of all socioeconomic statuses, races and religions and is not associated with identifiable mental illness or personality disorder. Their data did indicate that the frequency and severity of battering is related to the amount of conflict and verbal aggression between spouses, and that abusers tended to have witnessed or experienced abuse as children. Goode (1971) suggest that violence between couples is learned from early family experiences. Stahly (1978) also contends that violent behavior is a learned response. "Violence, like all behavior, is socialized through reinforcement (direct and vicarious) and cued by appropriate situational stimuli" (Stahly, 1978, p. 591). Exposure to training in violence is a common experience for military personnel which may contribute to violence in military families. The trauma of combat experience may also contribute to the use of violence in family disputes (West, et al, 1981).

Ganley & Harris (1978) suggest that because violence is a learned behavior, it can be replaced by other learned behaviors. They suggest that treatment programs should focus on the batterers' skills and skill deficits, particularly communication skills. Communication skills training of abusers in groups has been recommended because groups break down the social isolation men experience, help them to develop emotional support systems, provide an opportunity to offer support to other men which raises their own self-esteem, allow them to see others making changes which fosters their belief that they too can change, and provide a safe, supportive environment where they can practice new communication skills (Mott-McDonald Associates, Inc., 1979). Group approaches may be particularly effective in the military where team work and peer influence are valued norms.

Ganley & Harris (1978) indicate that the stigma associated with battering and batterers tendency to minimize the extent of their violence result in their being reluctant to seek treatment. They propose that legal sanctions encouraging treatment are appropriate to provide an external reason for batterers to seek help. This procedure could be particularly effective in military communities where command influence is a potentially potent tool to ensure that military pesonnel will comply with treatment (West, et al, 1981).

The study reported below is an initial evaluation of command referred treatment of spouse abusing military personnel. Treatment was offered in small, supportive groups and included communication, conflict resolution and anger management skills. Treatment effectiveness was evaluated by comparing measures of trust and intimacy, level of communication, use of communication skills, and the number of abusive incidents in the men's marital relationships, prior to and following their participation in the group.

Method

Subjects

Twenty-three men who had been identified by their commands as having engaged in abuse against their wife or girlfriend were referred to the SAN program for a men's group. All of the men were active duty personnel stationed on Okinawa, Japan. Five of the men were in the Navy and eighteen were in the Marines. Twenty-two were enlisted and one was an officer. Their ages ranged from twenty to forty-eight, with a mean age of twenty-seven and a standard deviation of five. Twenty of the men had engaged in severe spouse abuse which had resulted in physical injury. For thirteen of the men their spouse had also been abusive on at least one occasion. Six of the men were intoxicated during at least one of the abusive incidents. All of the men were living with their spouses at the time of the incident.

Procedure

Men were referred to SAN for treatment by their commands following identification of their involvement in an abusive incident. The men were informed of group guidelines and offered the opportunity to contract for SAN's services during a pre-group meeting with SAN program staff. The men were informed that the contents of discussion within the groups would remain confidential. They were told that their commands would be notified that they were compliant with treatment if they attended the groups and followed group guidelines. They were also told that the commands of those men who chose not to participate in the group would be notified that they were non-compliant with treatment. Potential retribution from the command for non-compliance with treatment included court martial, discharge, demotion, and separation from their spouses.

The men joined one of three relationship skills groups depending on the time of their referral. The groups were co-led by a military pastor and a psychologist. Both leaders were men and had previous experience treating male batterers. The three groups were held in sequence over a period of nine months. There were a total of twenty-three participants, nine in the first group, nine in the second group, and five in the last group. Starting with the second group, men were asked to complete measures of relationship skills prior to their first meeting and after their last meeting with the group. A delay in clearance for use of research measures precluded assessment of the first group. Four of the nine members in the second group and one of the five members in the third

group failed to complete the relationship measures because of scheduling difficulties. A comparison of age, branch of service, and numbers of abusive incidents prior to and following referral for treatment showed no significant differences on these variables between men who completed the relationship measures and those who did not have an opportunity to complete them.

Assessment

Abusive incidents in which the men engaged were recorded by caseworkers with the SAN Program. Workers documented the number of known incidents of abuse for the men during three months prior to their referral to the Program, during three months following their referral, and during the fourth through sixth months following their referral. Information on abusive incidents was gathered from the men, their spouses, hospital emergency room records, security police incident reports, social service agencies in the military community, and the men's commands. Relocation of men due to changes in their military assignment made it impossible to collect data on the number of incidents following referral for four of the men. Data on the number of incidents during the third through sixth months following referral was available on only seven men from the first group. The second and third groups had been referred less than six months prior to the time of assessment.

Six measures were used to assess the marital relationship and communication between spouses. The first measure was a thirteen-item Relationship Quality Scale. It was designed to assess the men's perceptions of the quality of their relationship. The thirteen items were taken from the Interpersonal Relationship Scale, a self-report measure of trust and intimacy in marital relations. The Interpersonal Relationship

Scale has demonstrated reliability, construct validity, and concurrent validity (Guerney, 1977). The thirteen items were shown to be representative of the total Interpersonal Relationship Scale and have demonstrated six week test-retest reliability (r=.65) and validity through significant correlations to other measures of relationship quality (Waldo, 1984).

The second measure was a thirteen item Communication Quality Scale. It was designed to assess the men's perceptions of the quality of communication in their relationship. The scale has demonstrated six week test-retest reliability (r=.53), and validity as indicated by significant association with other measures of communication (Waldo, 1984).

The last four measures assessed the men's communication skills by having them write what they would say to their spouse in four different situations. The situations correspond to the Verbal Interaction Task (VIT) described by Guerney (1977). On the Non-conflict Listening Scale, the men wrote how they would respond when listening to their spouses' presentation of a personal problem. On the Conflict-Listening Scale, the men wrote how they would respond when listening to their spouses' presentation of a conflict with them. The responses were later rated according to the Acceptance of Other Scale (AOS), which assesses levels of empathy and respect in communication (Guerney, 1977). On the Nonconflict-Speaking Scale, the men wrote what they would say to their spouse when speaking about a personal problem. On the Conflict-Speaking Scale, the men wrote what they would say when speaking about a conflict they had with their spouse. The men's presentations were rated according to the Self Feeling Awareness Scale (SFAS), which assesses subjectivity.

specificity, and expression of feelings in communication (Guerney, 1977). AOS and SFAS ratings of the VIT have been shown to be reliable and valid methods for assessment of communication in interpersonal relations (Guerney, 1977). Ratings of written responses to situations which correspond with the VIT are considered to be "quasi-behavioral data" (Guerney, Coufal, & Vogelsong, 1981, p. 931) and have been shown to reflect communication behaviors measured by the VIT. Graduate assistants achieved interrater reliability of r = .90 or greater before rating the subjects' written responses. Periodic checks on rate re-rate reliability were consistently above r = .90.

Treatment

Relationship skills groups were designed to enable participants to stop use of violence by helping them develop communication skills. Men received training in the following specific skills: non-verbal communication, identification and expression of feeling, achieving and demonstrating understanding of other family members, giving and receiving feedback, assertive confrontation, conflict resolution, and relaxation training to control angry emotions.

An educational approach was employed which used instruction techniques derived from learning theory (Guerney, 1977). Participants were helped to learn skills primarily through the following cognitive, modeling, and behavioral techniques:

1. Instruction — the leaders described the skills and the rationale for their use offering participants new ways of thinking about behaving (cognitive).
2. Demonstration — the leader showed how the skills can be effectively employed by using the skills in the group and role-playing specific situations (modeling).
3. Practice — the leader asked participants to practice the skills in and outside of group and reinforced their successful attempts (behavioral).

Men participated in 12 weekly 90 minute sessions over a three month period. The design of each session and the overall flow of sessions was intended to make maximum use of group dynamics which enhance skill acquisition (Waldo, 1985). Effort was made to foster curative factors which naturally occur in groups (Yalom, 1975), with attention to the developmental dynamics of the group (Tuckman & Jensen, 1977). During the initial meetings, when the groups were in the forming stage, members were encouraged to realize that they were not alone with their problem (universality), and that they could change (instillation of hope). During the groups' storming stage, members focused on identification and expression of emotions (catharsis). During the norming stage, members engaged in activities such as empathic listening and feedback, which increased their feelings of belonging (cohesion) and importance (altruism) in the groups. The remaining meetings, during the groups' performing stage, focused on the acquisition of communication skills for family interaction (interpersonal learning). At termination, group members were

asked to consider what they had learned through participation and how this would influence their choices of future behavior with their spouses (existential awareness).

Results

Table 1 depicts average scores on the relationship questionnaire for nine men when they joined the group and again when they terminated with the group. A correlated t-test showed that men experienced significant gains in communication quality with their spouse ($t=2.46$, $P < .05$). Correlated t-tests showed that the men significantly improved their ability to demonstrate understanding on the Non-Conflict Listening Scale ($t=1.92$, $P < .05$). They also showed significant improvement on the Conflict Listening Scale ($t=2.03$, $P < .05$), and on the Conflict Speaking Scale ($t=2.14$, $P < .05$). The men showed non-significant trends towards improvement in the quality of their marital relationship (Relationship Quality Scale) and their ability to express their personal problems to their spouse (Non-Conflict Speaking Scale).

Insert Table 1 about here

Assessment of the number of abusive incidents the men engaged in during the three months prior to their referral to the SAN Program, during the three months following their referral, and during the fourth through sixth month following their referral, yielded the following average values: prior to referral $\bar{X}$=5.1, SD=2.5, N=23; during the three months following referral $\bar{X}$=1.7, SD=2.1, N=19; four through six months following referral $\bar{X}$=.29, SD=.76, N=7. Correlated T-tests comparison of the three months prior to referral ($\bar{X}$=4.9, SD=2.4) to the three months following referral ($\bar{X}$=1.74, SD=2.1) for those men from whom data was available (N=19) revealed a significant decrease in abusive incidents (t=5.5, $P < .05$ one-tailed test). A similar test comparing the three months prior to referral ($\bar{X}$=3.9, SD=1.86) to the fourth through sixth month following referral ($\bar{X}$=.29, SD=.76) for those men from whom data was available (N=7) indicated that the initial significant decrease was maintained (t=4.9, $P < .05$, one-tailed test).

Discussion

Limits in the design of the present study preclude definitive conclusions about the effects of treatment. The numerous threats to internal validity of research with a pretest, posttest design (history, maturation, etc.) may have affected the results of this study. Ethical considerations precluded the use of a randomly-assigned control group. However, comparison of pre and posttest scores does suggest encouraging trends. The mean scores on Communication Quality, Listening and Speaking skills showed significant improvement for men following referral for treatment. Perhaps the most encouraging indication of change occurred on the measures of Listening and Speaking skills. Although the

men were coerced into treatment which may have affected their response on self-report measures, the Listening and Speaking skills measures assessed demonstrated skills which were not influenced by the men's inclination to offer a socially desirable response. The men showed an average improvement of .9 on the four measures directly assessing communication skills. The greatest improvements (larger than 1.0) were in listening and expressing themselves when communicating with their spouse about a conflict. This is an especially important finding because effective communication during conflict seems critical for prevention of spouse abuse.

The significant reduction in number of incidents of abuse following referral is also encouraging. This fact and data indicating that the incident rate remained significantly lower for six months following referral suggests that participation in treatment is associated with abstinence from future abuse. Present data does not allow a definitive statement that treatment causes abstinence. The abstinence may be at least partially attributed to the level of motivation to stop abuse among men who comply with treatment.

Men indicated verbally during their participation in group that they found the skills they were learning to be helpful in their relationships with their spouse and in other significant relationships. They also said at termination that they valued participation in the group because of the opportunity to share their concerns with other men. The statements stand in sharp contrast to prior statements that they expected the group, at worst, to be a punishing experience where they would not feel understood, and, at best, to be an irrelevant waste of time. These statements offer subjective data that the treatment group was experienced by the participants as enabling and cohesive.

Further research is needed to verify the effectiveness of the intervention. Collection of data on more subjects over a longer follow-up period would be helpful. Identification of an appropriate comparison group (such as abusers on bases where similar services are not provided) could also add information about the groups effects.

References

Boyd, V. (1977). Wifebeating: a recurring phenomenon throughout history. In M. Roy (Ed). Battered Women: A Psychosocial Study of Domestic Violence, Van Nostrand Reinhold, New York.

Ganley, A. & Harris, L. (1978). Domestic Violence Issues in designing and implementing programs for male batterers. Paper presented at the APA National Convention, Toronto.

Gelles, R. J. (1977). No place to go-the social dynamics of marital violence. In M. Roy (Ed). Battered Women: a Psychosociological Study of Domestic Violence. Van Nostrand Reinhold, New York.

Goode, W. (1971). Force and violence in the family. Journal of Marriage and the Family, 33, 634-636.

Guerney, B. G., Jr. (1977). Relationship Enhancement. Skill Training Programs for Therapy, Problem Prevention and Enrichment. Jossey-Bass, California.

Guerney, B. G., Jr., Coufal, J. & Vogelson, E. (1981). Relationship enhancement versus a traditional approach to therapeutic/preventive enrichment parent-adolescent programs. Journal of Consulting and Clinical Psychology, 49, 927-939.

Kalmuss, D. and Straus, M. (1983). Feminist, political, and economic determinants of wife abuse services. In D. Finkelhor, R. Gelles, G. Hotaling & M. Straus (Eds). The Dark Side of Families Current Family Violence Research. Sage Publications, California.

Mott-McDonald Associates, Inc. (1979). The Report from the Conference on Intervention Programs for Men Who Batter. Prepared under purchase order number 9-0637-/-LEAA and grant number 79-TA-AX-0024 of the Law Enforcement Assist., Adm., U.S. Dept. of Justice.

Raiha, N. (1982). Spouse abuse in the military community: factors influencing incidence and treatment. In M. Roy (Ed). The Abusive Partner, Van Nostrand Reinhold Co., New York.

Sherman, L. W. & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. American Sociological Review, 49, 261-272.

Stahly, G. (1978). A review of select literature of spousal violence. Victimology: An International Journal, 2, 591-601.

Straus, M. A., Gelles, R. J., and Steinmetz, S. (1980). Behind Closed Doors: Violence in the American Family, Anchor Books, Garden City.

Traicoff, M. Ellen (1982). Family interventions from women's shelters. In J. Hanse & L. Barnhill (Eds). Clinical Approaches to Family Violence, Aspen Publication, Rockville, Md.

Tuckman, B. W. & Jensen, M. A. (1977). Stages of small group development revisited. Group and Organizational Studies, 2, 419-427.

Waldo, M. (1984). Roommate communication as related to students' personal and social adjustment. Journal of College Student Personnel, 25 (1).

Waldo, M. (1985). A curative factor framework for conceptualizing group counseling. Journal of Counseling and Development. In press.

West, L. A., Turner, W. M. Dunwoody, E. (1981). Wife Abuse in the Armed Forces, Center for Women Policy Studies, Washington, D.C.

Yalom, I. D. (1975). The Theory and Practice of Group Psychotherapy. (2nd ed.) Basic Books, Inc., New York.

Table 1

Correlated t-test Comparison of Pretest to Posttest

Mean Scores on Measures of Relationship Quality and Communication

Scale		Pretest	Posttest	Comparison
Relationship Quality				
	X	46.8	48.6	
	SD	7.6	8.8	
	t			.85
Communication Quality				
	X	44.6	50.8	
	SD	6.8	5.2	
	t			2.46*
Non-conflict Listening				
	X	3.4	3.8	
	SD	.7	1.2	
	t			1 92*
Non-conflict Speaking				
	X	5.5	5.8	
	SD	.9	1.3	
	t			.42
Conflict Listening				
	X	3.7	4.9	
	SD	1.5	1.5	
	t			2.03*
Conflict Speaking				
	X	4.2	5.9	
	SD	2.0	1.3	
	t			2.14*

N=9

*P < .05. one tailed test